

Overview of Data Resources

Health Information Technology and
Transparency Advisory Board Meeting
December 13, 2006



Duties and Responsibilities

- Certificate of Need Application Review
- CON Regulation and Oversight
- Health Planning Activities
 - Development of Component Plans
 - Development of CON Rules



Health Planning Data

Types of Data Compiled and Maintained in Support of DHP Duties and Responsibilities

- Inventory of Authorized Facilities and Services
- Surveys of Regulated Health Care Providers
- Resident Population Projections
- Hospital Discharge Data (GHA)
 - Patient Origin and Market Share
 - Restricted use



Facility Inventory Data

Authorized and Regulated providers and services

Facilities

- Acute Care Hospitals
- Long Term Care Hospitals
- Freestanding Ambulatory Surgery Centers
- Skilled Nursing Facilities
- Personal Care Homes (Over 24 beds)
- Continuing Care Retirement Centers
- Home Health Agencies
- Traumatic Brain Injury Facilities

Services (Specifically Regulated)

- Perinatal Services
- Inpatient Physical Rehabilitation Services
- Acute Care Psychiatric Services
- Open Heart Surgery
- Cardiac Catheterization
- Radiation Therapy
- Positron Emission Tomography



Facility Inventory Data


- Updated regularly and on-going
 - CON decisions
 - Regulatory decisions
 - Survey data
- Represents the Official Agency Inventory



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Facility Inventory Data

Facility Inventory Opening Screen



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Health Facility Inventory

(Including the Indigent Care Commitment Inventory)

View Inventory Form

Help

Select a Report to View:

Select a Report to Email*:

Select a Form to View:

Send Email to:

*DO NOT Email reports that export data to other programs.

Envelopes

Export Addresses to Word as Text

Export Email Addresses to Outlook "To Box"

Export Fax Numbers to Outlook "To Box"

Export Selected Data for UGA

Export to Excel (can be used for Word mail merge)

Facilities Affiliated with Hospitals

Facility Closures

Facility Inventory by County

Facility Inventory by County by SDDR

Facility Inventory by Facility Type (Main Report)

Facility Inventory by Facility Type with Family Association

Facility Inventory by Facility Type with Status and Closed Date

Facility Inventory by Family

Facility Inventory by HPA

Facility Inventory by Owner Type

Facility Inventory by Rural Status

Facility Inventory by SDDR

Facility Inventory by SDDR w/out Address

Facility Inventory by Status

Facility Inventory by Subtype

Facility Inventory for DTRCs

Facility Inventory for Hospital Based Nursing Facilities

Facility Inventory Sorted by UID

Facility Org Types by Facility Type

Facility Records with Comments

Facility Inventory of Authorized Services for Hospitals

History: Changes Made by Date

History: Changes Made by Date - without UID

History: Changes Made by Facility

History: Inventory Snapshot as of Specified Date

Home Health Agency Service Areas by Agency

Home Health Agency Service Areas by Agency and HPA

Home Health Agency Service Areas by Agency by SDDR

Home Health Agency Service Areas by Agency by UID (no HPA)

Home Health Inventory by Agency with Pending County Served

Home Health Inventory by County Served

Home Health Inventory by County Served with Commitment Status

Home Health Inventory by Pending County Served

Home Health Inventory by Pending County w Commitment Status

Form View



Facility Inventory Data

Sample Report

Inventory of General Hospitals in Cobb County

See report selection criteria at end of report.

HPA County	Facility Name	Mailing Address	Facility Total Beds		
			Existing	Pending	Total*
Hospitals					
3 Cobb	Emory-Adventist Hospital	3949 South Cobb Drive Smyrna, GA 30080-6300	88		88
3 Cobb	WellStar Cobb Hospital	3950 Austell Road Austell, GA 30106-1174	302	80	382
3 Cobb	WellStar Kennestone Hospital	677 Church Street NE Marietta, GA 30060-1148	455	178	633
3 Cobb	WellStar Windy Hill Hospital	2540 Windy Hill Road SE Marietta, GA 30067-8632	115		115
4 Facilities			960	258	1,218

*Please use the "Service Inventory - LTAC Beds" report to determine the hospital capacity associated with the short-stay general hospital bed need analysis. Effective 4/1/03, the short-stay general hospital bed need requires that LTAC beds be excluded from bed capacity calculations associated with hospital bed need.

Note that the report totals and subtotals include only those records specified in selection criteria, if any, shown below. If no criteria are shown, all records are included..

ReportCriteria: ([County] In(Cobb)) AND [facility type] In(Hospital) AND [subtype] In(General) AND [status] In(Operational, 'Not Yet Operational, 'Closed with Active CON'))



Health Planning Surveys

How Survey Data is Used

- Inform the regulatory and planning process
- Calculate need projections for regulated services
- Provide consumer and market data



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Health Planning Surveys

- Over 1,200 health care providers surveyed annually
- Over 1,570 separate surveys conducted

Health Planning Surveys

- Annual Hospital Questionnaire
- Hospital Financial Survey
- Annual Nursing Home Questionnaire
- Personal Care Home Survey
- Home Health Agency Survey
- Cardiac Catheterization Services Survey
- Open Heart Surgery Survey
- Radiation Therapy Services Survey
- Positron Emission Tomography Survey
- Freestanding Ambulatory Surgery Center Survey



Health Planning Surveys

What Data is Collected


- Infrastructure data
 - Number beds, labs, machines, operating rooms
- Utilization data
 - Number treatments, visits, patients, admissions
- Patient origin data
- Accreditation information
- Ownership and organizational structure
- Financial summary



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Health Planning Surveys

Sample Screenshots



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Home Health Services Survey

January 1, 2005 - December 31, 2005


Date Due: July 30, 2006

Before you begin, click here to review the instructions: [Help](#)

If you need to print a set of blank forms, click here BEFORE you begin entering data: [Print All Forms](#)

To begin filling out the survey, select a survey form here:

To electronically submit the completed survey to the Dept. of Community Health (DCH), click here: [UPLOAD](#)

[DCH Admin Access](#) 

Click here if the upload locked up your PC: [Troubleshooter](#)

Home Health Agency Survey

Parts A-E for 1/1/2005-12/31/2005

UID:

Go to Another Form:

[Print Form](#) [Print All](#) [Help](#)

Part A: General Agency Information

Georgia Department of Community Health

1. Identification: Due Date: June 30, 2006 Year: 2005

Facility UID:

a. Facility Name: b. County:

c. Street Address: d. City: e. Street Zip:

f. Mail Address: g. City: h. Mail Zip:

i. Medicaid Provider? ☐ Medicaid Number: j. Medicare Provider? ☐ Medicare Number:

2. Report Period:

Report data for the full 12-month period, January 1, 2005 through December 31, 2005 (365 days). Do not use a different report period.

Check the box to the right if your facility was NOT operational for the entire year. ☐

If your facility was NOT operational for the entire year, provide the dates the facility was operational below:

Part B: Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey:

Name: Title:

Telephone: Fax: E-mail:

Part C: Agency Ownership, Operation and Management Information

1. Report as applicable for your agency as of the last day of the report period. Indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the Organization Type for each business category reported. If the category is not applicable, the form requires you only to enter "not applicable" in the legal name field. You must enter something for each category, however.

Category	Full Legal Name (or "Not Applicable")	Organization Type	Effective Date
a. Agency Owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Owner's Parent Org:	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Agency Operator:	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Operator's Parent Org:	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Mgmt. Contractor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Mgmt's Parent Org:	<input type="text"/>	<input type="text"/>	<input type="text"/>

g. Check the box to the right if your agency has a branch office or branch offices? ☐



Health Planning Surveys

Sample Screenshots

Part D: Agency Utilization and Patient Caseload Information

1. For the service disciplines below please report your agency's most current rate per visit and total number of visits for the report period. Please note: Total visits reported here must balance to visits reported elsewhere in the survey.

Service/Discipline	Per Visit Charge	Number of Visits	Service Discipline	Per Visit Charge	Number of Visits
1. Skilled Nursing	0	0	5. Medical Social Services	0	0
2. Physical Therapy	0	0	6. Speech Pathology	0	0
3. Home Health Aide	0	0	7. Other Health-Related Services (Specify)		0
4. Occupational Therapy	0	0			0

TOTAL:

2. Please report the total agency caseload at the end of the business day on December 31, 2005.

Total Number of Cases on 12/31

- 2B. Provide the total number of completed Medicare episodes of care during the report year. Include all completed episodes including Low Utilization Payment Adjustments (LUPA).

3. Please report the number of Health-Related patients during the report period using the following race and ethnicity categories.

Patients by Race/Ethnicity							Total
American Indian/Alaska Native	Asian	Black or African American	Hispanic or Latino	Hawaiian or Pacific Islander	White	Multi-Racial	
0	0	0	0	0	0	0	

4. Please report the number of patients during the report period by the patient's gender.

	Male	Female	Total
Number of Patients	0	0	

Part E: Agency Financial Summary, Indigent and Charity Care Provided, and Patient Point of Origin

- Check the box to the right if the agency has a formal written policy or written policies concerning the provision of indigent and/or charity care during 2005? ☐
- What was the effective date of the policy or policies in effect during 2005?
- Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.
- Check the box to the right if the policy or policies include provision for the care that is defined as charity? ☐

Revenue or Expense	Amount	Revenue or Expense	Amount
A. Gross Patient Revenue	0	G. Charity Care	
B. Medicare Contractual Adjustments	0	1. Gross Charity Care	0
C. Medicaid Contractual Adjustments	0	2. Total Compensation (Charity)	0
D. Other Contractual Adjustments	0	3. Uncompensated Charity (Net)	
Total Contractual Adjustments		H. Other Free Care	0
E. Bad Debt	0	Total Net Patient Revenue	
F. Indigent Care		Total Net Revenue:	
1. Gross Charges	0	I. Other Revenue	0
2. Total Compensation (Indigent)	0	J. Total Expenses	0
3. Uncompensated Indigent (Net)		Adjusted Gross Revenue	
		Total Uncompensated I/C	
		Percent Uncompensated I/C	

5. Report the number of home health care patients who were classified as indigent or charity care cases and for which patient charges were written off to indigent or charity care accounts reported in Part E, Question 4 above.



Health Planning Surveys

[illegible]



Health Planning Data

How Survey Data is Collected

- Microsoft Access databases which are electronically transmitted

How Inventory and Survey Data is Maintained

- Microsoft Access databases are stored on local server
- Unique provider ID links various datasets

How Data is Disseminated

- DCH users access databases in a shared database environment
- Outside users obtain reports, queries, or entire databases ad hoc



Future

- Web-based data gathering using a centralized enterprise-wide system.
- Web-based reporting and analysis tools
- Web-based GIS and spatial analysis tools



Data Warehouse

- Facility Inventory data (DHP)
- Survey data (DHP)
- Regulatory data (ORS)
- Quality data such as Sentinel Events (ORS)
- Medicaid enrollment and utilization data (DMA)
- Demographic data (OPB, etc)



Conclusion

Questions/Comments?

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